STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155353	A. BUILDING 01 B. WING	07/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT GREENSBURG	1620 N LINCOLN ST GREENSBURG, IN47240

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K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/13/11 Facility Number: 000244 Provider Number: 155353 AIM Number: 100288790 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, Hickory Creek at Greensburg was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and single station smoke detection in all resident sleeping rooms. The facility has	K0000	**This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.** **Hickory Creek at Greensburg desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on August 12, 2011**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	a capacity of 38 and had a census of 32 at the time of this visit. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/15/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0027 SS=E	Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and interview, the facility failed to ensure 1 of 2 sets of smoke barrier doors would restrict the movement of smoke for at least 20 minutes. LSC 19.3.7.6 requires doors in smoke barriers shall comply with Section 8.3.4. LSC 8.3.4.1 requires doors in smoke barriers shall close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch. This deficient practice could affect 16 residents who reside on the East Hall.	K0027	**K-0027** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** **It is the policy of this facility to ensure safety to all residents through smoke barrier doors which restrict the movement of smoke for**	08/12/2011

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	Findings include: Based on observation on 07/13/11 at 12:10 p.m. with the maintenance supervisor, the East Hall set of smoke barrier doors had a one inch gap where the pair of doors met. This was verified by the maintenance supervisor at the time of observation. 3.1-19(b)		**at least 20 minutes. No residents were affected by this practice. On July 13th, 2011 the East Hall set of smoke barrier doors were adjusted to close and latch as required.** **2.How other residents having the potential to be affected by the same practice will be identified and what corrective action(s) will be taken?** **On July 13, 2011 other smoke barrier doors were checked for proper closure and latch requirements to ensure safety of all residents. No other residents have been affected since that date.** **If the Maintenance supervisor or Administrator finds that any of the smoke barrier doors are not closed as required, they will be repaired so that they do close completely as soon as possible.** **3.What measures will be put into place or what systemic changes will be made to**	

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			ensure that the deficient practice does not recur? **Maintenance Supervisor will check the smoke barriers doors to ensure closure and latch 5 times a week for 30 days, 3 times a week for another 30 days, and then at least once a week on an on-going basis. He will log his checks and any resulting repair work needed at that time on his preventive maintenance log. He will also report any needed repairs to the Administrator at the next scheduled morning management meeting for her review.** **4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?** **The Maintenance Supervisor will bring the results of his checks of the smoke barrier doors and the documentation of those checks to the monthly QA&A Committee meeting for the next 60 days for review and recommendation. The QA&A Committee may decide to do away with the committee's review once the 60 days is completed if the smoke barrier check documentation shows 100% compliance. Even though the documentation review is discontinued by the committee, the Maintenance Supervisor will continue at least weekly checks**	

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			and documentation of them on an ongoing basis. **Date of Compliance: August 12th, 2011**	
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure the corridor door to 2 of 5 hazardous areas, such as a kitchen and a fuel fired equipment room, were provided with doors equipped with self closing devices which would cause the doors to automatically close and latch into the door frames. This deficient practice could affect 16 residents who reside on the East Hall near the boiler room and kitchen. Findings include: Based on observation on 07/13/11 during a tour of the facility from 10:10 a.m. to 12:40 p.m. with the maintenance supervisor, the self closing devices on the kitchen door and the boiler room door where one natural gas fueled boiler and	K0029	**K-0029** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** **It is the policy of this facility to ensure safety to all residents through smoke barrier doors which restrict the movement of smoke for at least 20 minutes. No residents were affected by this practice. On July 13th, 2011 the Maintenance Supervisor adjusted the boiler room**	08/12/2011

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	two natural gas hot fueled water heaters were located did not close completely. Each left a one inch gap and failed to close and latch each door. This was verified by the maintenance supervisor at the time of observations. 3.1-19(b)		**door to properly close and latch as required.** **The automatic door closure for the kitchen door has been ordered and will be installed on July 25th, 2011.** **2.How other residents having the potential to be affected by the same practice will be identified and what corrective action(s) will be taken?** **On July 13, 2011 other smoke barrier doors were checked for proper closure and latch requirements to ensure safety of all residents. No other instances of noncompliance were identified.** **If the Maintenance supervisor or Administrator finds that any of the smoke barrier doors are not closed as required, they will be repaired so that they do close completely as soon as possible.** **3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** **Maintenance Supervisor will check the smoke barriers doors to ensure**	

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			closure and latch 5 times a week for 30 days, 3 times a week for another 30 days, and then at least once a week on an on-going basis. He will log his checks and any resulting repair work needed at that time on his preventive maintenance log. He will also report any needed repairs to the Administrator at the next scheduled morning management meeting for her review. **4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?** **The Maintenance Supervisor will bring the results of his checks of the smoke barrier doors and the documentation of those checks to the monthly QA&A Committee meeting for the next 60 days for review and recommendation. The QA&A Committee may decide to do away with the committee's review once the 60 days is completed if the smoke barrier check documentation shows 100% compliance. Even though the documentation review is discontinued by the committee, the Maintenance Supervisor will continue at least weekly checks and documentation of them on an ongoing basis.** **Date of Compliance: August 12, 2011**	

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K0050 SS=C	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were held at unexpected times at least quarterly on each shift for 2 of 3 shifts during the past year. This deficient practice affects all resident in the facility. Findings include: Based on review of the Report of Monthly Fire Drill Log Book with the maintenance supervisor on 07/13/11 at 10:15 a.m., fire drills conducted on the second shift from the year 2010 to 2011 were held at the following dates and times; 03/02/11 at 3:00 p.m., 05/27/11 at 3:00 p.m., 08/30/10 at 3:05 p.m., and 11/29/10 at 2:35 p.m. The fire drills conducted on third shift from the year 2010 to 2011 were held at the following dates and times; 03/29/11 at 4:30 a.m., 06/05/11 at 4:00 a.m., 09/30/10 at 4:50 a.m., and 12/30/10 at 4:57 a.m. Based on an interview with the maintenance supervisor on 07/13/11 at	K0050	**K-0050 It is the policy of the facility to ensure fire drills are conducted at unexpected times at least quarterly on each shift. 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The Maintenance Supervisor has been re-trained by the Administrator on the need to schedule unannounced fire drills at unexpected and random times on each shift at least quarterly. 2. How other residents having the potential to be affected by the same practice will be identified and what corrective action(s) will be taken? The Maintenance Supervisor has examined the fire drill schedule from this time forward to make sure that unannounced fire drills are scheduled at different and unexpected times on each shift at least quarterly. The Administrator will review the schedule each quarter to ensure that this occurs as**	08/12/2011

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	10:40 a.m., the second shift times run from 3:00 p.m. .to 11:00 p.m., and third shift runs from 11:00 p.m. to 7:00 a.m. The fire drills held at similar times on second and third shift were verified by the maintenance supervisor at the time of record review. 3.1-19(b)		**required. 3. <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u> Maintenance Supervisor will bring the Fire Drill schedule and documentation of completed fire drills to the next scheduled morning management meeting for review and recommendations of process improvement. He will also bring the results of the fire drills so that the IDT can review the results, identify any improvement needs, and implement a plan accordingly. This activity will continue on an ongoing basis. 4. <u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The Maintenance Supervisor will bring the quarterly fire drill schedule to the QA&A Committee meeting at least quarterly for review. He will also bring the results of the fire drills so that the Committee can review and recommend any interventions that are needed for improvement. The Maintenance Supervisor will follow up and bring back the results improvements that were implemented as a result of the committee's recommendations at the next**	

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			scheduled quarterly meeting. This will continue on an ongoing basis. Date of Compliance: August 12, 2011	